UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/ICEF/1997/7
11 November 1996

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1997
20-24 January 1997
Item 5 of the provisional agenda*

FOR ACTION

CHILDREN AND WOMEN IN EMERGENCIES: STRATEGIC PRIORITIES AND OPERATIONAL CONCERNS FOR UNICEF

SUMMARY

The UNICEF Mission Statement confirms the commitment of UNICEF to partnership in emergency action and to the special protection of "victims of war, disasters ... [and] all forms of violence". The central role of UNICEF in emergencies is to act as an advocate for children. UNICEF brings a developmental perspective to its emergency action, which has four primary elements: advocacy; assessment; care (including the provision of essential social services); and protection of vulnerable children and women from intentional harm. Based on comprehensive analysis, UNICEF interventions are situation-specific and determined by need and by the relative capacities of UNICEF and its partners, both national and international. No single agency can address the wide range of needs of children and women in emergencies. UNICEF is committed to partnership and supports the strategic coordination role of the United Nations Department of Humanitarian Affairs in complex emergencies.

UNICEF has embarked on a series of measures to enhance management competence and operational effectiveness in its emergency actions. Primarily a child development agency, UNICEF is a partner in emergency action for children and women which will remain a limited but significant part of its overall mandate.

In addition to the present report, related information on emergency activities is provided in the "Progress report on Economic and Social Council resolutions 1995/56 and 1996/33: strengthening of the coordination of emergency humanitarian assistance of the United Nations" (E/ICEF/1997/5).

The Executive Director recommends that the Executive Board endorse the approach set out in the present report.

* E/ICEF/1997/2.

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I. INTRODUCTION

1. The present report was prepared in response to Executive Board decision 1996/28 (E/ICEF/1996/12/Rev.1), which requested the secretariat to finalize all the operational papers identified in decision 1996/2 and present them to the Board at its first regular session of 1997 in consolidated form, reflecting a clear conceptual framework together with its operational implications.

A. Mandate and mission

2. As stated in the Mission Statement adopted by the Executive Board in January 1996 (decision 1996/1), UNICEF is guided by the Convention on the Rights of the Child and strives to establish those rights as enduring ethical principles and international standards of behaviour towards children. To ensure a "first call for children", UNICEF mobilizes both political will and material resources to help developing countries in particular to deliver services to children and their families. The Mission Statement confirms the commitment of the organization to provide, in coordination with United Nations partners and humanitarian agencies, special protection for the most disadvantaged children: "victims of war, disasters, extreme poverty, all forms of violence and exploitation and those with disabilities".

B. Definition of emergencies

3. UNICEF defines an emergency as a situation which threatens the lives and well-being of large numbers of a population and in which extraordinary action is required to ensure their survival, care and protection. Such emergencies may be created by natural or technological disasters, epidemics or conflicts. A complex emergency is a humanitarian crisis in a country, region or society where there is significant or total breakdown of authority resulting from internal or external conflict and which requires an international response that extends beyond the mandate or capacity of any single agency. Victims of emergencies, women and children in particular, require immediate care, including shelter, food, health or clean water. In complex emergencies, they may also need legal and physical protection to prevent harm and ensure their access to humanitarian assistance. Much of the discussion in the present report focuses on the consequences of complex emergencies for children. Such emergencies have the most devastating effect on great numbers of children. The complex range of responses required encompasses the more limited interventions necessary in other types of emergency.

II. A PARTNER IN EMERGENCY ASSISTANCE

A. Objectives

4. The principal goals of UNICEF emergency-related cooperation with international and national partners are:

(a) To prevent the exposure of children to risks by addressing the root causes of conflict;

(b) To ensure the survival of the most vulnerable children and women - including those displaced within their own countries - and their protection against malnutrition and disease during the dangerous and chaotic early days of acute emergencies through access to essential life-saving and life-sustaining services;

(c) To assure protection against intentional violence, exploitation, abuse, rape and recruitment into armed forces;

(d) To support the rehabilitation and recovery of people and communities through developmental actions to restore psycho-social health, maternal and child health care, schools and water supply and sanitation systems;

(e) To promote long-lasting solutions through the creation and strengthening of self-help capacities at family and community levels and in particular through support for the participation of women in the development and management of such solutions.

B. The role and comparative advantages of UNICEF

5. The UNICEF niche in emergencies is its role as an advocate for children. It brings a developmental orientation to its emergency action, of which there are four primary components: (a) advocacy; (b) assessment; (c) care; and (d) protection.

Global advocacy

6. The keystone of UNICEF global advocacy is the basic humanitarian obligation to protect children and women against the effects of natural and man-made disasters and war. The rigorous application of existing standards covering the rights of children to protection is sought, as are specific assurances of access to humanitarian provisions and an end to the deliberate targeting of children by belligerents.

Assessment

7. The UNICEF approach to emergencies is flexible and adaptable, and is based on the relative vulnerability of children in each situation. Assessment builds on the regular situation analysis of the country programme, which provides the information basis for UNICEF action and partnership with others. In emergency situations, UNICEF systematically and regularly updates assessments of acute threats to and emergency needs of children.

Care and essential social services

8. Even in the midst of armed conflict, disease and malnutrition remain the immediate causes of most child deaths. At the height of the emergency, UNICEF focuses on group-/community-based action: the assurance of good nutrition and family food security; access to potable water; environmental hygiene and safe excreta disposal; and the provision of essential child health services and reproductive health care for women. UNICEF will also provide limited non-food relief items if required. The rapid establishment of even rudimentary education facilities in emergency situations helps to re-establish routine and a sense of normalcy for children and will enable them to face the future with greater confidence.

Protection from harm

9. In the context of conflict and emergencies, protection refers to activities that (a) protect the child's right to humanitarian assistance through ensuring continuous access to children in need and preventing abuse or misuse of such assistance; and (b) protect children from harm inflicted by others (violence, exploitation, sexual abuse, neglect, cruel and degrading treatment, recruitment into the armed forces).

10. The legal standards and ethical values that underpin UNICEF protection work in conflict are defined by the Convention on the Rights of the Child and other relevant human rights legislation. These legal and ethical standards which form the basis for UNICEF protection work in emergencies are promoted through advocacy, negotiation, dissemination, training and capacity-building, physical protection, monitoring of violations, reporting and follow-up. Given the experience and expertise of the Office of the United Nations High Commissioner for Refugees (UNHCR) in the protection of refugee women and children, and of the International Committee of the Red Cross (ICRC) in the protection of civilians in war and promotion of international humanitarian law, UNICEF is pursuing increased collaboration with these partners as it consolidates its capacity in the field of child protection.

C. Strategies

11. In many countries, UNICEF has a long-term presence and strong field-based structure, decentralized authority and the ability to respond quickly and flexibly to needs. This provides a strong situation-specific basis for a UNICEF emergency response with (a) a family focus; (b) a development orientation; and (c) an integrated approach.

The family focus

12. The rights of the young child to survival, protection and development are best assured within a stable, cohesive family which has the knowledge and resources necessary to care for and nurture the child (see "A conceptual framework for UNICEF emergency interventions" (E/ICEF/1996/16)). Disruption of the household, the loss of the mother or other close relatives and, at worst, separation from the family are most traumatic for the child, who is exposed to heightened risks of disease and malnutrition and much greater danger of intentional harm. Displacement is particularly threatening to the child's survival and well-being as the household, often headed by the mother or other female relative, is deprived of its means of subsistence and of access to the services and protection provided by a stable community environment.

13. UNICEF actions are directed towards reinforcing the capacity of families to care for and protect their children and towards reunification of separated families. UNICEF supports civil society networks and non-governmental partners experienced in community action to promote group organization and community participation. It supports community-level action to foster the participation of women in relief and recovery programmes and gives priority to promoting access for women to essential life skills, knowledge and economic resources, all of which are critical to family well-being.

Development orientation

14. This links the UNICEF emergency role to its long-term cooperation in regular non-emergency country programmes in which it addresses root causes of acute threats to the well-being of children and women, for example, inequitable development and disparities in access to services for marginalized populations or inadequate legal protections for children. Humanitarian action must be tailored to local circumstances and should aim to enhance, not supplant, locally available resources and mechanisms. Thus, as soon as possible in emergencies, UNICEF looks beyond the immediate provision of relief to more sustainable interventions that emphasize local capacity-building and self-reliance to meet emergency needs and to reduce the vulnerability of children to future emergencies. Promotion of the maximum involvement of individuals and local and national institutions in all humanitarian actions is an integral part of UNICEF emergency work.

15. Traditional emergency relief activities have concentrated on doing things for victims and vulnerable groups, with the emphasis on the result rather than the process. People's participation in the planning or implementation of relief activities has been the exception rather than the rule. Capacity-building of local institutions, an integral part of development work, has rarely been practised in emergency settings. But in an age of chronic emergencies, resulting in the destruction and breakdown of political, legal, social, economic and physical systems, the classic dichotomy between relief and development approaches is breaking down. Capacity-building is now recognized as critical to effective and sustainable action, both as a means towards more effective humanitarian assistance during the emergency phase and as a way of promoting post-emergency rehabilitation and recovery from the first days of an emergency programme.

The integrated approach

16. UNICEF pursues a broad and integrated course in dealing with the rights and needs of women and children. It brings from its comprehensive country programming experience an understanding of the complex range of determinants of child well-being and of the interrelationship between physical and emotional security, social and cognitive development, health and nutritional status. This integrated approach provides UNICEF with a broad perspective from which to assess the specific needs of children and women in a given emergency situation and brings to its emergency action an extensive resource of field-based staff skills and knowledge.

D. Coordination and partnerships

17. In non-emergency country situations, the resident coordinator system is now an important basis for the cooperation of United Nations agencies with host Governments. Likewise, coordination and partnership are vital in emergencies in which no single agency can address the wide range of needs of children and women. Since the creation of the United Nations Department of Humanitarian Affairs (DHA) in 1991, UNICEF has supported its efforts to improve coordination of the international response to complex emergencies, particularly the enhancement of strategic coordination at field level.

18. UNICEF supports an active role for the Inter-Agency Standing Committee (IASC) in advising the Emergency Relief Coordinator on the strategic approach, coordination arrangements and division of responsibilities to be adopted in each complex emergency. IASC should also oversee the selection and designation of the Humanitarian Coordinator by the Emergency Relief Coordinator in each case. UNICEF values the role of DHA in building consensus among IASC members around critical issues and in ensuring systematic consultation on the basis of which DHA can represent the humanitarian agencies in the interface with political, peace-keeping and security organs of the United Nations.

19. UNICEF participates in DHA-led working groups, task forces and joint missions and collaborates closely in the preparation of inter-agency consolidated appeals. It is an active member of all the inter-agency groups working on follow-up to Economic and Social Council resolution 1995/56 of 28 July 1995 and also supports the Complex Emergency Training Initiative for the preparation of common training modules for United Nations agencies in complex emergencies. UNICEF seconds staff to DHA. It currently provides senior staff as Humanitarian Coordinators in northern Iraq and southern Sudan and is committed to increasing such support to DHA. At the field level, UNICEF representatives actively support DHA humanitarian coordination.

20. UNICEF is consolidating its humanitarian partnerships with other United Nations agencies. The Memorandum of Understanding with UNHCR outlines parameters of cooperation in contingency planning, preparedness and assessment and in activities for both refugees in host countries and returnee or displaced populations in their countries of origin. The two agencies are cooperating with ICRC and Save the Children Fund (United Kingdom) (SCF-UK) on the development of standards, programming guidelines and training materials on unaccompanied children. In 1997, UNHCR and UNICEF will begin collaboration on child protection and reintegration of displaced children in selected pilot countries. Negotiations with the World Food Programme and the World Health Organization on similar memoranda are at an advanced stage.

21. UNICEF and ICRC have also initiated systematic exchanges on common areas of substantive interest, including health care, information dissemination and training in child rights and humanitarian law and in the international campaign to ban the manufacture, stockpiling, export and use of anti-personnel land-mines, in which ICRC has played such a strong leadership role. It is also cooperating with non-governmental organization (NGO) partners in the campaign against the conscription of children below the age of 18 years and in advocacy for adoption of the Optional Protocol to the Convention on the Rights of the Child on child conscription.

22. Two principal types of agreements with international NGOs currently guide emergency collaboration. The first is a set of global stand-by agreements with organizations, networks or centres of excellence for the provision of technical expertise. Such agreements exist or are under negotiation with a dozen organizations. Secondly, UNICEF encourages activity-specific agreements negotiated at country level by UNICEF representatives (see also the progress report on follow-up to Economic and Social Council resolutions 1995/56 and 1996/33 (E/ICEF/1997/5)).

E. Operating assumptions for emergency action

23. In undertaking actions for children and women in emergency situations, UNICEF operates on certain assumptions:

(a) Humanitarian strategy formulation and action must be integrated with political, military, rehabilitative and developmental initiatives as part of a comprehensive approach to crisis resolution and recovery. Humanitarian action cannot substitute for political action and will fail if expected to do so;

(b) It is necessary to establish quickly a clear framework for coordination at field level which incorporates clear division of labour, lead operational roles by sector and/or geographic zone and distinct lines of communication;

(c) A developmental approach to emergency advocacy and action, and its rapid move beyond relief delivery and life-saving assistance to medium- and long-term capacity-building as a basis for durable solutions, can only succeed in addressing underlying problems if it receives sustained financial support.

III. FIELD-LEVEL ACTION FOR VULNERABLE CHILDREN AND WOMEN

A. Situation specificity and phasing of action

24. As previously stated, the role of UNICEF as advocate for children in emergencies - especially complex emergencies rooted in armed conflict - requires

a comprehensive framework for analysis and action. However, the precise action that UNICEF undertakes at field level in each emergency is situation-specific. It is determined by the priority needs of children and women and by the complementary capacities of UNICEF and its partners. It may vary by locality and evolve at different stages of the crisis. It is coordinated with other actors and not undertaken in isolation.

25. There are usually warning signs of an impending emergency, whether natural or man-made, which allow preventive or preparedness measures to be undertaken. There are also phases in the evolution of an emergency crisis. These overlap and the distinction between them is usually blurred, but they do demonstrate the progression from the pre-emergency stage, through the crisis to the post-emergency phase. Thus, while not subscribing to a rigid concept of a simple linear continuum, UNICEF recognizes that it is necessary to prioritize action and resource allocation at each phase. Annex II outlines in tabular form the framework within which UNICEF prioritizes actions in four phases: (a) pre-emergency prevention and preparedness; (b) onset of emergency; (c) ongoing crisis/early rehabilitation; and (d) recovery and post-emergency.

26. This chapter and annex II address the care and protection of children and women in the crisis phases. In addition, factors to be taken into account in the pre-emergency and recovery phases are reviewed, as are the special challenges facing two highly vulnerable groups: internally-displaced children; and women and girls (the gender dimension).

B. Pre-emergency prevention and preparedness

Prevention

27. At country level, the systematic analysis of the situation of children is undertaken in cooperation with a wide array of national and international partners. The situation analysis is evolving from its status as a periodically-produced static tool to a process of continuous assessment and analysis. It is required to address root causes of crises and conflicts that confront children and enables UNICEF to address those factors falling within its mandate.

28. Preventive measures may vary widely. Regular country programmes which support the extension of basic service delivery to marginalized populations, as well as equitable development and equal opportunity for girls and women, contribute to the amelioration of the conditions that are at the root of social conflict. At country level, following near universal ratification of the Convention on the Rights of the Child, UNICEF advocates strengthened legal protections for the child as well as education and awareness about child rights throughout society. Learned social behaviour is an important root of violence and armed conflict. The provision of quality basic education can encourage positive social attitudes and behaviour. UNICEF increasingly supports education for peace (education for development) in schools and communities for both children and adults. This stresses cooperative values and behaviour, tolerance for and appreciation of differences, critical thinking, interdependent learning and problem-solving. Thus, basic elements of prevention are built into each UNICEF country programme.

Preparedness

29. Lessons learned from both natural and complex emergencies indicate that warning signs are usually detectable before the eruption of a full-blown crisis. The deterioration of social services, increased rates of malnutrition, the onset

of drought with falling crop production and higher prices, large population shifts and increased civil disturbances are typical indicators. If properly measured and interpreted, early action can prevent or mitigate some of the social and economic consequences that disproportionately affect marginalized children and women. Thus, UNICEF supports partners in a number of preparedness endeavours, including DHA in its development of the Humanitarian Early Warning System ("HEWS") and the ReliefWeb database; and the Southern African Development Coordination Conference drought/natural disaster early warning system. In West Africa, the regional office is completing the development of a multi-indicator vulnerability assessment instrument with the involvement of several countries in the region.

C. Recovery and post-emergency/post-conflict phase

30. The creation of an environment for rehabilitation and recovery depends on a number of factors, including the rebuilding of institutions; democratic elections; repatriation of refugees and resettlement of the internally displaced in their communities; land-mine clearance and awareness; and establishing justice, trust and a climate of reconciliation. Advocacy of the intrinsic rights of children and of compliance with the child-protective norms that are found in every culture can be a powerful tool in promoting reconciliation at national and community levels.

31. With its development orientation, UNICEF initiates capacity-building and other rehabilitative activities as early as possible in the midst of an emergency, and these are intensified as the situation evolves into the post-emergency or post-conflict phase. These include support to:

(a) The physical and psychological recovery and social reintegration of child victims of neglect, exploitation and abuse;

(b) The demobilization and social reintegration of child soldiers;

(c) The continued family reunification of unaccompanied children;

(d) The re-establishment (and improvement) of basic social services and education;

(e) The reconstruction of legal systems and provisions to protect the status and rights of women and girls and to protect child soldiers, displaced children or other child victims of intentional harm.

D. The gender dimension: women and girls

32. The gender dimension of emergencies and armed conflict is often raised in the context of sexual violence against women and girls. Action to protect victims of gender violence is a high priority, as is the response to their distinct health needs. But women and girls are also actors in emergencies: positively, as leaders and participants in the protection of the household unit under stress and in the process of rehabilitation at family, community or national levels; and negatively, as perpetrators of hatred or violence. UNICEF seeks to ensure that gender concerns are addressed in all its activities in emergencies, including:

(a) A gender-sensitive approach to programming that takes into account the particular needs of victims of sexual abuse and gender-based violence, their health and psycho-social needs, and promotes the increased participation of women in the counselling and support of female victims of violence;

(b) The promotion of codes of conduct to ensure greater protection and decreased sexual violence against women and girls; advocacy of national legislation which protects the rights of victims of rape and other gender-based violence; and advocacy for prosecution of rape as a war crime;

(c) Particular attention to the health needs of women and girls; reproductive health care, including prenatal, delivery and post-natal care; and the prevention of reproductive tract infections, including sexually transmitted diseases and HIV/AIDS, through preventive counselling, health education and treatment of symptomatic infections;

(d) The provision of access to education and skills training; assistance in organizing rehabilitative economic activities; and support to facilitate access to food production or income-generating activities to help ensure minimum household food and income security;

(e) The participation and empowerment of women in management and decision-making roles in rehabilitation and reconstruction at community and national levels.

E. Internally displaced children

33. Displacement puts at risk virtually the entire range of child rights to survival, protection and development without discrimination. Access to basic services and food security is lost; the household is disrupted and often separated; the protection of the family, community institutions and state authorities is lost, and the child is most vulnerable to disease, malnutrition, neglect, exploitation and abuse.

34. The existing international response to the plight of internally displaced people is inadequate and fragmented. There is no lead United Nations agency, no specific regime of legal protection, no consistent sustained donor funding pool and no guarantee of access to humanitarian assistance or protection. In 1992, the Executive Board called upon UNICEF to address the needs of the internally displaced child (E/ICEF/1992/14, decision 1992/21), while the report of Graça Machel on the impact of armed conflict on children calls upon UNICEF to provide leadership for the protection and assistance of internally displaced children.

35. Therefore, UNICEF is strengthening its ability to respond to the needs of internally displaced children and will collaborate with UNHCR to clarify programme guidelines for their protection. It will ensure that its activities in the fields of child care and protection are extended to displaced children and will seek to monitor and highlight their situation and needs to other partners. When required, UNICEF will ensure operational coordination of care and services to the internally displaced, as is currently the case in Burundi.

F. The care and protection of vulnerable children

36. Priority actions to be undertaken by UNICEF and its partners to ensure care and protection for these most vulnerable children in all phases of an emergency are summarized below and detailed in annex II.

The provision of care

37. In emergencies UNICEF strives, with WFP and other partners, to ensure the nutritional well-being of children and recognizes the link between good

nutrition and adequate household food security, maternal and child care, basic health services and environmental hygiene. In facilitating emergency access of children and women to essential health care, particular priority is given to child immunization, diarrhoea management and women's reproductive health. Given its experience in water supply and sanitation, UNICEF takes an active role in ensuring that affected populations have access to at least the minimum daily requirements for safe water and acts to prevent or control diarrhoeal diseases and other water- or sanitation-related diseases. The organization's primary role is to support and work through group- or community-based structures as well as with national and regional authorities.

38. Together with the United Nations Educational, Scientific and Cultural Organization, UNICEF takes a lead role in supporting the rapid re-establishment of basic education as an essential emergency intervention to ensure that children do not miss learning opportunities. Education is also of great importance because of the crucial rehabilitative impact of schooling on the well-being of children. In emergencies, UNICEF supports community and parental efforts to restart educational activities, to rebuild and refurnish essential school facilities, to develop education materials and to train education leaders and teachers. Finally, UNICEF plays a limited supportive role in the provision of basic non-food relief items (for example, shelter materials, blankets or cooking equipment and utensils) at the onset of emergencies when such items are critically needed and not otherwise available.

Protection from harm

39. Above and beyond the upheaval that humanitarian crises bring to children, certain vulnerable groups suffer specific problems and require special protection from harm. The acute vulnerability of girls to sexual violence and exploitation has been highlighted above. UNICEF and its partners seek to protect children from psycho-social harm, or in the event of their exposure to traumatic events, to facilitate timely and culturally appropriate care and counselling to ensure their psychological and social recovery and well-being. The objective of the family focus is above all to prevent the separation of children from their families. When separation cannot be prevented, UNICEF supports the provision of community-based care to assure the immediate well-being of unaccompanied children and collaborates to ensure that family tracing and reunification are given the highest priority.

40. UNICEF has joined forces with international civil society organizations to advocate against child conscription into armed forces. Where children have been recruited, the early demobilization of child soldiers is advocated and activities supported to ensure their education, vocational training, rehabilitation and family and community reintegration. Children held in detention, for whatever reason, must be (a) treated in accordance with internationally established standards; (b) provided due process; (c) separated from adult prisoners; (d) released into special care; and (e) rehabilitated as soon as possible.

41. Children disabled through exposure to disease and malnutrition, and those injured and physically disabled as a consequence of intentional violence or traumatic injury from anti-personnel land-mines, require immediate physical and psychological rehabilitative care. Such care is most effectively assured and followed through at community level.

IV. ENSURING EFFICIENCY AND EFFECTIVENESS IN EMERGENCY ACTION

42. UNICEF has initiated a series of internal activities to reinforce its capacity to respond rapidly, appropriately and effectively to emergencies that threaten the survival and well-being of children and women and their households. The consolidation of staff competence and management effectiveness within UNICEF is reinforced by an expanding range of partnerships with organizations and networks with complementary experience and expertise.

A. Improving institutional management and human resource capacities

Emergency response planning capacity

43. UNICEF is developing a systematic approach to risk assessment and emergency preparedness planning based on a case-study approach which requires the comprehensive assessment of the needs of a given population of children and women. This approach was initiated in Rwanda in 1995 and has been extended to Burundi and subsequently to contingency planning for Eastern Zaire in 1996. In both Rwanda and Burundi, the approach was shared with partner agencies through the DHA-led inter-agency coordination mechanism. The preparedness plan is a basic tool for coordination and implementation of emergency action for children which will be institutionalized after the initial pilot experience in the Great Lakes region.

Rapid response capacity: personnel

44. To date, 36 staff members of all levels have been trained to become members of Rapid Response Teams (RRTs), on stand-by for immediate deployment to crisis locations to enhance or establish an effective UNICEF emergency presence. The designated staff are experienced in emergency programming; materials management, supply and logistics; and management, administration and finance. In 1996, RRT members were deployed to Burundi, Liberia and Rwanda; on rapid assessment missions (e.g., Masisi and the Great Lakes); and to participate in reviews of emergency operations procedures.

Rapid response capacity: materials management

45. After updating its Emergency Supply Catalogue in late 1994, UNICEF developed stand-by stockpiles in Copenhagen of communications, transportation and warehousing equipment, as well as office equipment stocks and survival packs for its RRT personnel. Subsequent analysis has shown that there might be even more cost-effective and efficient alternatives through the development of agreements with manufacturers for rapid stock deployment on demand. This approach will form the basis for revision and rationalization of stockpile levels. The process of emergency preparedness planning outlined above will enable the field office to provide early warning to the Supply Division of potential material needs for its emergency activities.

Human resource development

46. The process of streamlining emergency programming guidelines and compiling best practices from UNICEF and partner programmes is under way. Initial priority has been given to the protection of children from harm, including, for example, the development of guidelines for the care and family reunification of unaccompanied children with UNHCR, ICRC and SCF-UK; the demobilization and social reintegration of child soldiers with NGO partners; land-mines awareness education (with DHA and NGO partners); and the incorporation of gender

perspectives into emergency training. Linkages between training for regular and emergency country programming are being developed to enhance capacity for analysis of vulnerability and root causes of conflict, and for risk assessment, monitoring and preparedness planning.

Strengthening effective management operations

47. At New York headquarters, an Operations Centre is now functioning within the Office of Emergency Programmes, providing a focus for field/headquarters communications, information management, analysis and retrieval. Information is exchanged regularly with DHA focal points in New York and Nairobi; with the operations centres of the Department of Peace-keeping Operations, UNHCR and WFP; and with the United Nations Operations Centre focal point for security. The Operations Centre is developing an instant mapping capacity in coordination with UNHCR, WFP, WHO and the United Nations Secretariat. It has supported the Office of Information Resources Management in extending electronic communication linkages with emergency field offices.

48. The Division of Human Resources continuously updates its human resources inventory for emergency mobilization. It has issued an updated security handbook and monitors potential and actual threats to staff security in the field. UNICEF continues to be engaged with the United Nations Security Coordinator and operational partners in efforts to systematize and upgrade coordinated field security procedures.

49. Within the context of the Management Excellence Programme, an examination is under way of emergency operating procedures, operational and financial rules and regulations, programme budgeting and expenditure monitoring systems. The assessment will recommend any necessary streamlining of systems for emergency environments, including operating procedures and regulations. The Office of Emergency Programmes is also reviewing operational decision-making procedures and emergency response capacity. Its aim is to devolve certain oversight responsibilities to the regional level, including vulnerability analysis and contingency planning; intraregional rapid response deployments and stand-by partnerships; and response to rapid-onset natural disasters.

B. The balance between emergency and development programmes

50. UNICEF emergency programmes are almost entirely funded through supplementary contributions, primarily through consolidated inter-agency appeals. In 1988, as illustrated in figure 1 (see annex I), 8 per cent ($32 million) of UNICEF programme resources were expended in emergencies. The proportion increased dramatically to a peak of 28 per cent ($223 million) in 1993. Subsequently, a gradual downward trend has been noted. It is not practicable to impose a precise ceiling on emergency expenditures from year to year. Nevertheless, it is reasonable to assume that over time, UNICEF expenditures on emergency programmes will average 15-20 per cent of total annual programme expenditure.

C. The balance between expenditure on relief and rehabilitation in emergencies

51. As illustrated in figure 2 (see annex I), UNICEF expenditure on pure emergency relief (e.g., shelter, materials, blankets, cooking utensils) is very limited. The operational costs of emergency action are higher than for regular country programming because basic national infrastructure and counterpart capacity is weak or non-existent or because logistical costs are high. Yet the

majority of UNICEF resources are expended on its central care and protection functions, which are strongly rehabilitative in nature and designed to strengthen national and community-based child health and welfare networks.

D. Sources of emergency funding

52. The degree of flexibility with which an organization can mobilize resources is a strong determinant of its ability to act in emergencies. UNICEF emergency financing derives from five principal sources:

(a) Use of country programme funds. To provide an immediate but limited crisis response, the UNICEF country representative can transfer up to $50,000 from country programme resources to emergency activities;

(b) Reprogramming. When an emergency significantly weakens the relevance of the established country programme, the representative can quickly reprogramme resources, again with Government concurrence and headquarters' approval;

(c) Emergency Programme Fund (EPF). The UNICEF EPF comprises a two-year allocation of $25 million which is used to provide necessary cash flow for initial responses in complex emergencies pending the receipt of supplementary funds contributed through consolidated inter-agency appeals;

(d) Central Emergency Revolving Fund (CERF). The DHA-administered CERF is a replenishable $50 million cash-flow mechanism for financing the action plans of the operational agencies in the consolidated inter-agency appeals. Since the establishment of CERF in 1992, UNICEF has used and reimbursed approximately $43.2 million for its activities falling within nine such appeals;

(e) Consolidated inter-agency appeals. Supplementary funds received through this process provide the bulk of funds for UNICEF emergency operations. Since 1994, UNICEF has worked with partner United Nations agencies to improve the effectiveness of the consolidated appeal process, participating in the formulation of IASC guidelines in 1994 and the evaluation of the process conducted in 1995. Currently, UNICEF is participating in the Inter-Agency Working Group on Resource Mobilization (as part of the follow-up to Economic and Social Council resolution 1995/56).

53. UNICEF participated in a total of 16 consolidated inter-agency appeals in 1996. Fully funded appeals - for example, the 1994 Rwanda appeal - are the exception rather than the rule. Normally, funds received fall significantly short of the appeal budget sought. In 1995, UNICEF received approximately 42 per cent of the funding that it requested through the consolidated appeals process ($144.4 million received against $340.3 million sought), although there was considerable variation between appeal receipts. This may reflect a number of issues, including the lack of clear strategic direction or priorities in appeals documents, unrealistic or overly ambitious budget estimates or lack of programme implementation credibility. The problem is compounded by frequent underexpenditure of funds received and inadequate reporting on their utilization, although demands for high funding continue to be made in annual appeals. UNICEF is reviewing its approach to the appeal process to ensure that both strategic frameworks and action priorities are clearly stated. Better programme planning, more realistic budget estimates and improved implementation rates should enhance the UNICEF emergency record and credibility.

V. CONCLUSION

54. This report outlines progress towards:

(a) Clarification of the UNICEF role and responsibilities in emergencies;

(b) Effective execution of its mandate and role as advocate for children and women at risk in times of emergency;

(c) An unequivocal commitment to partnership and participation in a coordinated emergency response framework;

(d) Upgrading the UNICEF programmatic capacity;

(e) Ensuring management effectiveness, fiscal responsibility, transparency and accountability.

55. UNICEF will continue to give high priority to upgrading its capacity and effectiveness in those areas. This will ensure that it has the strongest possible institutional base for its role as advocate and actor for the care and protection of children and women in emergencies.

VI. DRAFT RECOMMENDATION

56. The Executive Director recommends that the Executive Board adopt the following draft recommendation:

The Executive Board,

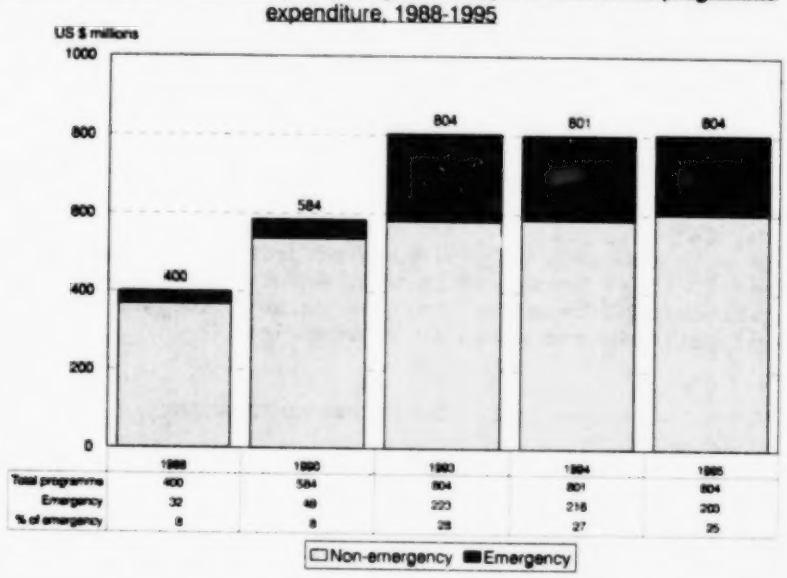
Having reviewed the report on "Children and women in emergencies: strategic priorities and operational concerns for UNICEF" (E/ICEF/1997/7),

Endorses the approach set out in the report, taking into account the comments made by delegations at the present session.

Annex I

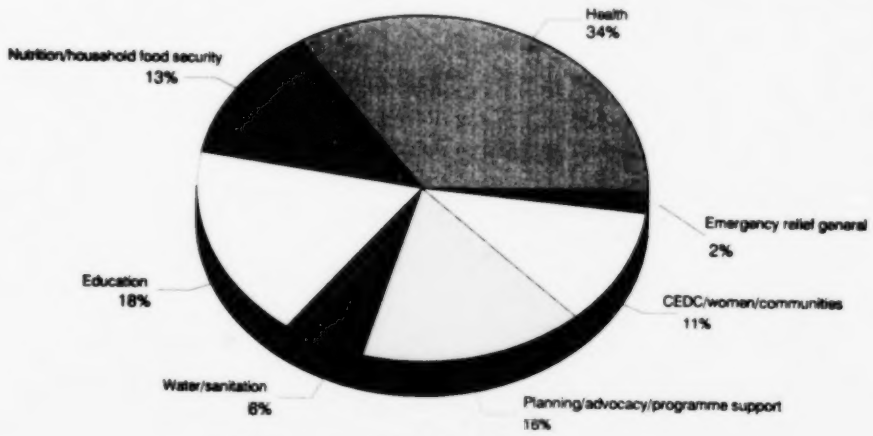
FIGURES

Figure 1: Proportion of emergency programme expenditure to total programme expenditure, 1988-1995



	1988	1990	1993	1994	1995
Total programme	400	584	804	801	804
Emergency	32	49	223	216	200
% of emergency	8	8	28	27	25

Figure 2: Emergency expenditure by sector, 1993-1995



TOTAL EXPENDITURE: $ 642 million

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Annex II

PRIORITIZATION OF UNICEF EMERGENCY ACTION IN FOUR PHASES

This table outlines the framework within which UNICEF prioritizes actions in four emergency-linked phases. The precise mix of actions that UNICEF undertakes in each emergency is situation-specific, determined by need and the complementary capacities of UNICEF and its partners.

I. CARE AND SERVICE DELIVERY

Pre-emergency prevention and preparedness	Onset of emergency	Ongoing crisis/early rehabilitation	Recovery and post-emergency
Health Promote PHC/MCH access to vulnerable women and children and targeted child-focused goals in EPI, CDD, ARI Promote community participation in PHC management Promote health IEC Support national health information system development Support crisis preparedness training	Assure critical life-saving child health interventions though MOH, local structures or external partners: - immunizations vs.measles and other vaccine-preventable diseases; cold-chain repair - CDD and ORT - control of ARI - provision and management of essential drugs Assure reproductive health care Identify and orient indigenous structures or personnel to manage/conduct health activities for most vulnerable populations Support focused health communication, personal hygiene and home health practices Support rapid health assessments	Continue onset activities as appropriate Assist MOH or other authorities to re-establish peripheral PHC/MCH services including those for returned displaced populations: prioritize cold chain, medical stores, distribution system for vaccines, essential drugs, training and reorientation of peripheral PHC/MCH staff; reproductive health care Support renewed group/community participation in PHC management Systematize IEC Support development of epidemiological surveillance/monitoring of critical factors in child morbidity/mortality and service coverage	Phase out remaining emergency activities Consolidate and support rehabilitation of PHC/MCH services Support national review and evaluation of pre-crisis health services and coverage; support PHC/MCH reforms Support range of activities identified under "Pre-emergency prevention and preparedness"
Partners: MOH, WHO (norms and protocols,health information systems), ICDDR-B (CDD crisis management)	Partners: MOH; WHO (norms and protocols); CDC (epidemiological surveillance); ICDDR-B; regional partners; direct service providers (e.g.. MSF); UNHCR (management of camp populations)	Partners: MOH, WHO, CDC, UNHCR (resettlement of displaced), others	Partners: MOH, community structures; WHO and others

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Annex II (continued)

Pre-emergency prevention and preparedness	Onset of emergency	Ongoing crisis/early rehabilitation	Recovery and post-emergency
Water supply and sanitation Promote integration of water supply, sanitation and hygiene education with child health care and diarrhoea management Support use of low-cost appropriate technologies Support community participation/training - especially of women - in the provision, operation and maintenance of community water supplies and environmental sanitation Support national capacity-building	Promote IEC and social mobilization to prevent and control cholera, diarrhoeal diseases, other water/ sanitation-related diseases Provide technical and material support to government departments, community groups or external implementing partners appropriate for rapid provision of minimum safe water supply and facilities for safe excreta disposal in affected areas Displaced: support group action and/or implementing partner(s) if required; exceptionally make available capacity in refugee situations Urban: provide limited short-term support to national partners, using local technical expertise, to assure emergency rehabilitation of system - spot repairs to damaged treatment plants, pumping stations, pipelines, temporary hand-dug/gravity-feed/rainwater collection systems	Consolidate IEC and focus on training of community mobilizers/educators Initiate systematic assistance to public authorities and work with community groups to protect/re-establish water supply services; mobilize and train local technicians to multiply effect Initiate extended programme to support community management of water environment, and promote renewed involvement of women to ensure sustained management of services Provide technical/material support and training for initiation of large-scale rehabilitation and/or development of appropriate community systems Support development and protection of low-cost water sources and sanitation facilities of local populations hosting displaced Scale down support to large-scale urban systems	Support community systems for returning displaced populations Phase out of large-scale urban systems, focus on community-managed low-cost systems Consolidate IEC and capacity-building activities Return to/improve upon pre-emergency support
Partners: Government., WHO, technical networks and centres of excellence; community organizations; external partners (e.g.,OXFAM)	Partners: Government, WHO, local groups; direct service providers (e.g.. OXFAM); UNHCR (for displaced)	Partners: Government., community/women's organizers, UNHCR for displaced populations; WHO; phase down support to direct providers	Partners: government., community/women's organizations, WHO, UNHCR (for returnees)

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Annex II (continued)

Pre-emergency prevention and preparedness	Onset of emergency	Ongoing crisis/early rehabilitation	Recovery and post-emergency
Nutrition Promote improved child nutrition through household food security, adequate maternal and child care, health services (especially high immunization coverage) and environmental hygiene Promote food fortification Support IEC to promote family knowledge and application of appropriate child care and feeding practices; enable parents to monitor child growth Support assessment and information on food, health and care available to the vulnerable child	Undertake rapid appraisal and initiate nutrition surveillance using local capacity Support nutrition/health education for child care and feeding; promote breast-feeding, good hygiene practices through local/community participation Utilize immunization delivery system for distribution of micronutrients including iron/ folate, vitamin A and iodine supplements Support supplementary/therapeutic feeding by local groups/implementing partners where general food distribution to families is inadequate	Continue to promote IEC and intensify community participation/organization Systematize nutrition surveillance and phase down nutrition rehabilitation programmes Support rehabilitation of PHC/MCH system and continued utilization for micronutrient distribution Initiate support for women's income-generating activities, access to means of food production Collaborate with WFP for food for work in rehabilitation of social sector services	Consolidate IEC and community action Promote household food and income security through support to women providers Develop nutrition information system, capacity development in surveillance and assessment Return to pre-emergency strategies
Partners: Government, WHO (policies/ standards), academic centres, local groups, WHO, INGOs (e.g. SCF)	Partners: UNHCR, WHO, FAO, CDC (appraisal), WFP (appraisal, logistics), government, local organizations, UNHCR (for displaced), INGOs (feeding)	Partners: Government, WHO, CDC (surveillance), WFP (logistics and food for work), community/women's groups, INGOs	Partners: Government, WHO (policies/ standards), academic centres, local groups, INGOs (e.g. SCF), WFP

Annex II (continued)

Pre-emergency prevention and preparedness	Onset of emergency	Ongoing crisis/early rehabilitation	Recovery and post-emergency
Education Support quality universal primary education and teacher training to promote critical thinking, problem-solving, cooperative values, self-esteem Incorporate peace education, Facts For Life into education system Preparedness: prepare emergency teaching/ learning modules based on national core curriculum, and special Facts for Life modules Support community/household-based parent IEC for early child care and development	Initiate IEC e.g. for cholera, child psycho-social recovery, Facts For Life, land-mines awareness Appraise community/group capacity and skills to manage rudimentary emergency education , counsel traumatized children Initiate large-scale offshore production of "school-in-a-box" basic education kits Disseminate information on basic early child care for parents through community/group channels	Provide basic training and school-in-a-box for simple classes and rehabilitation activities for affected/displaced children; mobilize parent and community/group support for basic shelter, organization and teacher support Train teachers/caregivers in counselling and psycho-social support Identify community members with basic academic skills and initiate crash preservice/ in-service teacher training Support rapid appraisal of education services and requirements for rehabilitation	Support education system rehabilitation and improvement; systematize teacher training Re-establish pre-emergency actions listed Phase out emergency basic education kits as education services are restored Extend parent education and video-based learning on early childhood development through media channels and community structures
Partners: Government/MOE,UNDP, UNESCO, World Bank and other donors, INGOs, academic and research centres	Partners: group/community leaders, UNESCO, UNHCR (for displaced and refugee children), INGOs	Partners: Government and communities, UNESCO, INGOs, UNHCR (for displaced and refugee children), WFP (school feeding)	Partners: Government and communities, UNDP, UNESCO, World Bank and other donors, INGOs, academic and research centres, WFP (school feeding)

Annex II (continued)

Pre-emergency prevention and preparedness	Onset of emergency	Ongoing crisis/early rehabilitation	Recovery and post-emergency
Non-food relief preparedness (secondary support role) Participate in contingency planning based on early warning signals Assess relief partners' capacities and assure appropriate limited stocks on standby in Copenhagen or regionally Negotiate logistics arrangements with DHA/WFP	Provide selective relief as needed to vulnerable children and women, the internally-displaced in particular for shelter, water supply and cooking needs Participate in ongoing assessment of relief needs of women and children	Phase out relief inputs	
Partners: Resident Coordinator/DMT, UNHCR and WFP (contingency planning)	Partners: UNHCR (displaced and refugee children and women), DHA/WFP (logistics), bilateral airlift supporters, INGO and local implementing partners, group/community leaders		

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Annex II (continued)

II. PROTECTION FROM HARM

Pre-emergency prevention and preparedness	Onset of emergency	Ongoing crisis/early rehabilitation	Recovery and post-emergency
Protection - advocacy/mediation Promote international standards (especially Convention on the Rights of the Child) and national legislation that embodies respect for children and women and their rights Promote national and community-level dissemination of ethical principles linked to local cultural values for care and protection for the child Promote child rights education and education for peace in the school system Support national reporting to the Committee on the Rights of the Child Support local institutions, religious groups and/or civil society organizations to establish systematic documentation of violations of child rights Preparedness: promote the Convention on the Rights of the Child, Geneva Conventions and Protocols; advocate principled commitments of all political parties and military bodies to the protection of children in crisis and conflict	Promote internationally accepted standards for the protection of children in conflict - including the Convention on the Rights of the Child and Geneva Conventions Promote humanitarian principles for the impartial, accountable and transparent delivery of humanitarian assistance and for the protection of relief supplies and humanitarian workers Advocate for written commitments by all protagonists in conflict to child rights principles and protection from intended harm, including unimpeded access to assistance Disseminate child rights principles to officials of Government and non-States Parties, military and police, civil society leaders, including dissemination to military and peacekeepers - of principles protecting girls and women from sexual violence Negotiate for creation of safe environments for children - zones of peace, days of tranquillity, safe access corridors	Continued advocacy and promotion as instituted during the onset of the emergency Advocate demobilization and rehabilitation of child fighters; and legal/institutional frameworks for children accused of war crimes Support international and regional efforts to promote negotiated settlement and political solutions to conflict	Promote community-level and national reconciliation around principles and values for child protection Review national legislation, rights and social status of women, girls and other children in the light of the presence or absence of real protections during the emergency period, and as the basis for advocacy of new legislation, legal and social protections for women and children Reinstate activities cited in the pre-emergency phase
Partners: legislatures, civil society organizations, Committee on the Rights of the Child, UNHCHR/CHR, ICRC (training in/ dissemination of Geneva Conventions and international humanitarian law)	Partners: DHA , UNHCR (negotiation/ mediation), ICRC, UNHCHR/CHR monitors, international human rights organizations, regional organizations, mediation bodies, INGOs, local civil society groups	Partners: same as for onset of emergency, plus national legislatures	Partners: drawn from those cited under other emergency phases

Annex II (continued)

Pre-emergency prevention and preparedness	Onset of emergency	Ongoing crisis/early rehabilitation	Recovery and post-emergency
Protection from harm inflicted by others (1)			
Violence against women and girls - Promote Convention on the Elimination of All Forms of Discrimination Against Women, rights and status of women and legislation to protect rights to property, inheritance, family - Advocate for treatment of rape as a war crime; promote rights of victims of rape/violence - Support reproductive health care, access to education, skills training, economic activities - Promote women's participation and decision-making roles	- Assure physical protections, protected access to washing, sanitation facilities, health care - Support psycho-social counselling - Promote participation of women in counselling and support of victims of sexual violence	- Continue support provided during onset phase - Support mobilization of women in decision-making roles in rehabilitation and reconstruction - Initiate support for access to credit, means of production - Support access to education and skills training	- Consolidate and extend support provided in previous phase
Psycho-social distress and trauma in children - Support establishment of policy guidelines and standards for care and counselling - Train and orient child-focused professionals, community and child-care workers, and train trainers in trauma counselling and psycho-social rehabilitation, grounded in relevant cultural forms of self- and group expression - Support development of referral services for most seriously-affected children	- Rapidly assess extent of trauma and mental distress - Ensure continued training of trainers and counsellors and initiate group/community-based care and counselling - Create community support groups to help family members to address their own distress and that of the child	- Reunify separated children with family or surrogate households - Support re-establishment of continuity and normalcy provided by basic schooling and recreational activities for children - Re-establish community or group self-help networks and activities - Assist household breadwinners to provide basic sustenance and care for their children	- Continue reunification efforts - Continue support to schooling and recreation - Support re-establishment of appropriate health and welfare institutions - Continue support to breadwinners for income generation
Unaccompanied children - Promote legal protections for the unaccompanied child and relevant child welfare policies - Support development of guidelines and standards for the care, family tracing and reunification of unaccompanied children - Support measures to strengthen family resilience and coping mechanisms and to prevent avoidable separations - Support training and programmes for child welfare workers to operate at community level	- Ensure provision of interim community/foster care to meet physical and emotional needs and to ensure access to basic services - Assist in preventing further avoidable separations of children from their families - Facilitate rapid assessment of unaccompanied children situation - Support initiation of registration of unaccompanied children	- Support family reunification through child registration, documentation and tracing - Support community-based care for children who cannot be reunited with their families	- Intensify reunification efforts once security is re-established, follow up on children and their families - Provide continued support for family-based care and psycho-social follow-up - Promote adoption for orphans
Partners: Government - Ministries of Social Welfare, Health and Education, ISCA, UNHCR, ICCB, ICRC, NGOs, women's groups, religious institutions, child rights groups			

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Annex II (continued)

Pre-emergency prevention and preparedness	Onset of emergency	Ongoing crisis/early rehabilitation	Recovery and post-emergency
Protection from harm inflicted by others (2)			
Child soldiers - Advocate for legislation to end the conscription of children under 18 years into armed forces and for adoption of the Optional Protocol to the Convention on the Rights of the Child - Support education, vocational training for youth - Support dissemination of best practices and programme guidelines	- Support mediation and negotiation with military/ faction leaders to release child soldiers and end forcible recruitment	- Support negotiation efforts to demobilize and rehabilitate child soldiers - Support interim care and counselling - Promote plans for vocational training and social reintegration - Provide interim care	- Consolidate demobilization of child soldiers, counselling, rehabilitation and vocational training - Promote social, community and family reintegration
Juvenile criminals in conflict - Support the development or review of laws and system of juvenile justice - Advocate for legal provisions and due process and for separation form incarcerated adults - Support policy and guidelines development	- Continue preparedness activities - Monitor the situation of incarcerated children and identify separate facilities for juveniles	- Continue to monitor the welfare of child prisoners	- Ensure application of Convention on the Rights of the Child and UN Standard Minimum Rules for the Administration of Juvenile Justice (Beijing rules) for custody and trials - Monitor trials of children
Disabled children and child victims of land-mines - Support development of community- based rehabilitation for the disabled, appropriate policy guidelines and training - Promote national support for a total landmine ban and humanitarian mine clearance	- Implement preventive health and nutrition strategies - Support community organization and management of rehabilitation - Advocacy with military to prevent further use of land-mines	- Support rehabilitation of health care to address disabling diseases and malnutrition - Support community-based rehabilitation - Support initiation of land-mines awareness education in conjunction with clearance actions - Advocate with military against use of mines	- Provide continued support to community-based rehabilitation - Support rehabilitation of child anti-personnel mines victims - Advocate for mine clearance and continued land-mine awareness actions
Partners: Ministries of Justice, Defence, Social Welfare, Health and Education, national legislature, religious institutions, civil society organizations, non-state parties, ISCA, UNHCHR/CHR.			

ARI = acute respiratory infections
CDC = United States Centers for Disease Control and Prevention
CDD = control of diarrhoeal diseases
DHA = (United Nations) Department of Humanitarian Affairs
DMT = disaster management team
EPI = expanded programme on immunization
FAO = Food and Agriculture Organization of the United Nations
ICCB = International Catholic Child Bureau
ICDDR-B = International Centre for Diarrhoeal Disease Research-Bangladesh
ICRC = International Committee of the Red Cross
IEC = information, education and communication
INGO = international non-governmental organization
ISCA = International Save the Children Alliance
MCH = maternal and child health
MOE = Ministry of Education
MOH = Ministry of Health
MSF = Médecins sans frontières (Doctors Without Borders)
ORT = oral rehydration therapy
OXFAM = Oxford Famine Relief Campaign
PHC = primary health care
SCF = Save the Children Fund
UNDP = United Nations Development Programme
UNESCO = United Nations Educational, Scientific and Cultural Organization
UNHCHR/CHR = United Nations High Commissioner for Human Rights/Commission for Human Rights
UNHCR = Office of the United Nations High Commissioner for Refugees
WPF = World Food Programme
WHO = World Health Organization